



## PART B - FEE(S) TRANSMITTAL

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7590

05/03/2004

~~STROOCK & STROOCK & LAVAN, LLP~~  
~~180 Maiden Lane~~  
~~New York, NY 10038~~

NOVO NORDISK PHARMACEUTICALS, INC.  
 100 COLLEGE ROAD WEST  
 PRINCETON, NJ 08540

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

C. S. B. B. ATTORNEY S. S. K. C. Z. G. (Depositor's name)  
 Cadmus (Attorney Signature) (Signature)  
 OCTOBER 4, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/877,492	06/08/2001	Henrik Aspe	452345/0064110/DL9 6303,000-45	2252

TITLE OF INVENTION: ADAPTIVE INTERACTIVE PRECEPTED TEACHING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHRISTMAN, KATHLEEN M	3713	434-262000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LEN SMITH  
 2. REED GREEN  
 3. RICHARD BORK

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NOVO NORDISK PHARMACEUTICALS, INC. PRINCETON, NJ  
 MAYO CLINIC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ROCHESTER, MN.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 1

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1447 (enclose an extra copy of this form).

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4 Oct. 2004

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10/04/2004 JADD02 00000020 141447 09877492

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 02 FC:1504 300.00 DA  
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